

REVISED:

Eastern Aleutian Tribes

February 6, 2017

2017 Sliding Fee Discount Schedule

Poverty Level %	100%	101% to 150%	151% to 175%	176% to 199%	> 200%						
Discount:	Nominal Fee										
	20M/40D/O	75% Discount	50% Discount	25% Discount	No Discount						
Based on Family Size	\$ 15,060	for a family of one									
	\$ 5,230	for each additional family member									
ANNUAL Income											
1	15,060	15,061	-	22,590	22,591	-	26,355	26,356	-	30,120	30,121
2	20,290	20,291	-	30,435	30,436	-	35,508	35,509	-	40,580	40,581
3	25,520	25,521	-	38,280	38,281	-	44,660	44,661	-	51,040	51,041
4	30,750	30,751	-	46,125	46,126	-	53,813	53,814	-	61,500	61,501
5	35,980	35,981	-	53,970	53,971	-	62,965	62,966	-	71,960	71,961
6	41,210	41,211	-	61,815	61,816	-	72,118	72,119	-	82,420	82,421
7	46,440	46,441	-	69,660	69,661	-	81,270	81,271	-	92,880	92,881
8	51,670	51,671	-	77,505	77,506	-	90,423	90,424	-	103,340	103,341
9	56,900	56,901	-	85,350	85,351	-	99,575	99,576	-	113,800	113,801
10	62,130	62,131	-	93,195	93,196	-	108,728	108,729	-	124,260	124,261

For families/households with more than 8 persons, add \$5,230 for each additional person

100% Sliding Discount for Nominal for Medical and BHS is \$20 for Dental and Optometry is \$40

* Based on 2017 Federal Poverty Guidelines

Revised 06/08/17